

JOB APPLICATION

City of Cumberland

57 N. Liberty Street, Cumberland, Maryland 21502 301-722-2000

City of Cumberland is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information					
Applicant's Name:					
	(First)	(MI)	(Last)		(Suffix)
Address:					
(Street No.)	(Street Name)		(City)	(State)	(Zip Code)
Telephone Number: (.)				
Email Address:					_
Employment Position					
Position applying for:					_
How did you hear about the po	osition? (Circle those that app	• • •	City Website/Friployee/Other_		
What hours or shift are you av	ailable to work?				
If needed, are you available to	work overtime?		Yes	No	
Do you have reliable transport	ation to and from work?		Yes	No	
Do you currently possess a val	id driver's license?		Yes	No	
On what date can you start wo	orking if you are hired?		/	_/	
Salary desired?			\$		
Personal Information					
Have you ever applied to or we	orked for the City of Cum	berland before?	Yes	No	
If yes, when?					
Do you have any friends, relati	ives, or acquaintances wo	orking for the City			
of Cumberland?			Yes	No	
If yes, state name & re	elationship:				
Are you 18 years of age or old	 er?		Yes	No	
Are you a U.S. citizen or approved to work in the United States?			Yes	No	
Will you consent to a mandato			Yes	No	
Job Skills/Qualifications Please provide a list of skills ar	nd qualifications you poss	ess for the position	n for which you	ı are applyin	g:

Education and Training Name of Educational Institution Location (City/State) Year Graduated **Degree Earned** High School: College/ University: Vocational School/Specialized Training: **Military** Are you or have you been a member of the Armed Services? ___ Yes No If yes, provide the following information: Military Branch in which you enlisted. Military rank when discharged. Military years of service. List any skills learned in the military that would benefit you in the position you are applying. **Employment History ≻Employer's Name:** ______ Job Title:______ Employment Start Date: ___/__/____ Employment End Date: ___/__/____ Employer's Address: Supervisor's Name: Telephone Number: ______ Job Duties: Reason for Leaving: **▶Employer's Name:**Job Title: Employment Start Date: ___/___ Employment End Date: ___/___ Employer's Address: Telephone Number: Supervisor's Name: Job Duties: Reason for Leaving: >Employer's Name: ______ Job Title:_____ Employment End Date: ___/__/____ Employment Start Date: ___/__/____ Employer's Address: ____

Supervisor's Name: Telephone Number:

Reason for Leaving:

Job Duties:

Name	Relationship Years Known	Contact Information	
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APPLICANT STATEMENT

Your employment with the City of Cumberland (Cumberland Mayor and City Council) is at will. This means your employment is for an indefinite period of time and it is subject to termination by you or the City of Cumberland with or without cause, with or without notice, and at any time. Nothing in this policy statement or any other policy of the City of Cumberland shall be interpreted to be in conflict with or to eliminate or modify in any way, the at-will employment status of City of Cumberland employees.

By signing below, you acknowledge your understanding that any offer of employment with the City of Cumberland is at will, and that nothing is intended to constitute a contract of employment, express or implied.

The City of Cumberland complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I authorize without reservation the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United Sates and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete of misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment or may result in my immediate discharge from the employer's service whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read,	plicant Statement.		
Signature of Applicant:		Date:	//20

(**Note:** No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)